
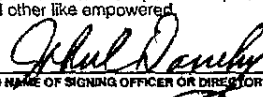


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000020773</b> 1. Entity Name VIN-JAY ENTERPRISES, INC.		
Principal Place of Business 14230 80TH AVENUE NORTH SEMINOLE, FL 33776	Mailing Address 14230 80TH AVENUE NORTH SEMINOLE, FL 33776	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  DANEHY, JOHN C 14230-80TH AVE. NORTH SEMINOLE, FL 33776		<b>DO NOT WRITE IN THIS SPACE</b>
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DANEHY, JOHN C 14230 80TH AVENUE NORTH SEMINOLE, FL 33776	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <b>JOHN C DANEHY</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>1-5-05</b> <b>727-433-0846</b> <small>Date Daytime Phone #</small>



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**01-0612254**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

1100000173286  
01/07/05-80012-022 150.00

**DO NOT WRITE  
IN THIS SPACE**